PLEASE PRINT CLEARLY OR TYPE ALL INFORMATION

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health

Boston Drug Laboratory Tel (617) 983-6622 Fax (617) 983-6625

State Laboratory Institute Amherst Drug Laboratory Tel (413) 545-2601

Boston Hours

DDIIC DECEIDT

Amherst Hours

Fax (413) 545-2608

8:00 - 11:00 2:00 - 4:00	DRUG RECE	IPI	9:00 - 12:00 1:00 - 3:00
City or Department: MLHOU	<u>'</u>	_ Police Reference No.:	
Name and Rank of Submitting Officer	": PTL DAUAL	129	(MAK)
Defendant(s) Name (last, first, initial):			
To be completed by Submitter Description of Items Submitted		To be completed Gross Weight	by Lab Personnel Lab Number
i hag cont. one hapque	green vegetable		1
matter (mariguana	5.29 gr	
i bag cont. one barque Matter (I hag cont. one twist o matter (in	reentegetado	5.29 gr	
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Received by:		Date:	8-6-10

No.		Date Analyzed:
City:	Methuen Police D	Dept.
Officer:	P.O. Lavallee	
Def:		
Amount:		Subst: VM
No. Cont:	1 Cont: pb	
Date Rec'd:	08/06/2010	No. Analyzed:
Gross Wt.:	5.29	Net Weight:
1.510		# Tests: 3 (4V
m lacik	H MUCKOH	DUAT UNI
Prelim:	, , , , , , , , , , , , , , , , , , , ,	Findings MM Wave

